

PTO/SB/92 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/808,005
Filing Date	March 24, 2004
First Named Inventor	Barbara E. Bear
Art Unit	3623
Examiner Name	Andre D. Boyce
Attorney Docket Number	88973-400100

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

27717

☒ Please change the correspondence address for the above-identified application to:

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Customer Number:

27717

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature *X Barbara E. Bear*

Name Barbara E. Bear

Date *X 6-23-05*

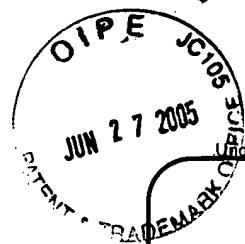
Telephone 561-368-3324

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

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Application Number

10/808,005

Filing Date

March 24, 2004

First Named Inventor

Barbara E. Bear

Art Unit

3623

Examiner Name

Andre D. Boyce

Attorney Docket Number

88973-400100

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☒

Power of Attorney, Revocation
Change of Correspondence Address

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Terminal Disclaimer

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Request for Refund

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☐ Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify
below):

Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Seyfarth Shaw LLP

Signature

Printed name

Jordan A. Newmark

Date

June 23, 2005

Reg. No.

50,904

CERTIFICATE OF TRANSMISSION/MAILING

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Irene Feizulov

Date

June 23, 2005

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